



Audubon VERMONT

Education Program Emergency Contact and Health Information Form

Child's Name _____

Age _____ DOB _____

Parent/Guardian (1) _____ Relationship to child _____

Home address _____

Phone (day) _____ Email _____

Parent/Guardian (2) _____ Relationship to child _____

Home address _____

Phone (day) _____ Email _____

People (other than a parent/guardian) whom we may contact in the event of a medical emergency:

In the event of an emergency we will **always** attempt to contact a parent/guardian first.

Name _____ Phone (day) _____

Name _____ Phone (day) _____

Allergies: _____

Other health concerns: _____

PHYSICIAN'S NAME _____ Phone _____

Health Insurance Company _____

Policy Number _____

People (other than a parent/guardian) authorized to pick-up your child from the program:

Name _____ Phone (day) _____

Name _____ Phone (day) _____

Signature of Parent /Guardian _____ Date _____